

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

**For Official Use Only**

**E**

1. File Number U - <u>12/106</u>	2. Fiscal Year Covered From: <div>1 / 1 / 2004 Through: 12 / 31 / 2004</div>
3. Name and address of person filing.  Name <div>Ryan</div> <div>C</div> <div>Anderson</div>  P.O. Box, Bldg., Room No., if any <div>102</div>  Street <div>3813 Illinois Ave.</div>  City <div>St. Charles</div>  State <div>Illinois</div> ZIP Code + 4 <div>60174</div>	4. Name, file number, and address of labor organization.  Name <div>Painters District Council No. 30</div>  Labor Organization File Number <div>022-615</div>  P.O. Box, Building and Room Number, if any <div>101</div>  Street <div>3813 Illinois Ave.</div>  City <div>St. Charles</div>  State <div>Illinois</div> ZIP Code + 4 <div>60174</div>
5. Position in labor organization. <div>Employee</div>	

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	7.b. Amount.
State ZIP Code + 4	

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

**Signed**

Robert Anderson

On

08/15/2005

Date \_\_\_\_\_

(630) 513-9500

Telephone Number

Name of Person Filing <b>Ryan Anderson</b>	File Number <b>U-</b>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<b>8. Name and address of Business (including trade name, if any).</b> Name <b>Painters District Council No.30 Pension Fund</b> Trade Name, if any: P.O. Box, Bldg., Room No., if any <b>102</b> Street <b>3813 Illinois Ave.</b> City <b>St. Charles</b> State <b>Illinois</b> ZIP Code + 4 <b>60174</b>	<b>9. Business deals with:</b> <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b> Name <b>Painters District Council No.30 Pension Fund</b> Trade Name, if any: P.O. Box, Bldg., Room No., if any <b>102</b> Street <b>3813 Illinois Ave.</b> City <b>St. Charles</b> State <b>Illinois</b> ZIP Code + 4 <b>60174</b>	<b>11.a. Nature of such dealing.</b> <b>Employee of Painters District Council No.30 Pension Fund.</b>  <b>11.b. Approximate dollar value of such dealing.</b>  <b>12.a. Nature of interest held or income received.</b> <b>Gross wages:</b>  <b>12.b. Amount.</b> <b>\$74,143</b>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b> Name <b>Thomas Hynes</b> Trade Name, if any: <b>Mesirow Financial</b> P.O. Box, Bldg., Room No., if any Street <b>350 N. Clark Street</b> City <b>Chicago</b> State <b>Illinois</b> ZIP Code + 4 <b>60610</b>	<b>14.a. Nature of payment.</b> <b>One ticket to Chicago White Sox VS. Cleveland Indians baseball game.</b>
<b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14.b. Amount of payment.</b> <b>\$40</b>

Name of Person Filing <b>Ryan Anderson</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<b>8. Name and address of Business (including trade name, if any).</b> Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	<b>9. Business deals with:</b> <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b> Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	<b>11.a. Nature of such dealing.</b> <input type="text"/> <b>11.b. Approximate dollar value of such dealing.</b> <input type="text"/> <b>12.a. Nature of interest held or income received.</b> <input type="text"/> <b>12.b. Amount.</b> <input type="text"/>

<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b> Name <input type="text" value="Illinois Ptg. &amp; Drywall Institute"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="1991 W. Downer Place"/> City <input type="text" value="Aurora"/> State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60506"/>	<b>14.a. Nature of payment.</b> <input type="text" value="Labor management dinner"/>
<b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	<b>14.b. Amount of payment.</b> <input type="text" value="\$65"/>